

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10996134 FILING DATE

APPLICANT(S)

CLAIMS										
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1							51			
2							52			
3							53			
4							54			
5							55			
6							56			
7							57			
8							58			
9							59			
10							60			
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12							62			
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36							86			
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.			2	8	2	2	TOTAL IND.			
TOTAL DEP.			2	8	2	2	TOTAL DEP.			
TOTAL CLAIMS			10				TOTAL CLAIMS			